

## 510(k) SUMMARY: INDEPENDENCE® SPACER

**Company:** Globus Medical Inc.  
2560 General Armistead Avenue  
Audubon, PA 19403  
(610) 930-1800

**Contact:** Meriam Youssef  
Project Manager, Regulatory Affairs

**Date Prepared:** January 11, 2012

**Device Name:** INDEPENDENCE® Spacer

**Classification:** Per 21 CFR as follows:

§888.3080 Intervertebral Body Fusion Device

Product Code: OVD

Regulatory Class II, Panel Code: 87

**Predicate(s):** INDEPENDENCE® Spacer (K082252)  
InterContinental® Plate-Spacer (K103382)

**Purpose:**

The purpose of this submission is to request clearance for hydroxyapatite coated (HA) screws, for use with the cleared INDEPENDENCE® Spacer.

**Device Description:**

The INDEPENDENCE® Spacer is a stand-alone anterior lumbar interbody fusion device used to provide structural stability in skeletally mature individuals following discectomy. The spacers are available in various heights and geometric options to fit the anatomical needs of a wide variety of patients. Protrusions on the superior and inferior surfaces of each device grip the endplates of the adjacent vertebrae to aid in expulsion resistance. Screws are inserted through the anterior titanium portion of the implant into adjacent vertebral bodies for bony fixation. The spacer is to be filled with autogenous bone graft material.

The INDEPENDENCE® Spacer is made from radiolucent polymer, with titanium alloy or tantalum markers, as specified in ASTM F2026, F136, F1295, and F560. The anterior portion of the implant and the mating screws are manufactured from titanium alloy, as specified in ASTM F136 and F1295. The screws are available with or without hydroxyapatite (HA) coating, as specified in ASTM F1185.

**Indications for Use:**

The INDEPENDENCE® Spacer is a stand-alone interbody fusion device intended for use in patients with degenerative disc disease (DDD) at one or two contiguous levels of the lumbosacral spine (L2-S1). DDD is defined as discogenic back pain

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with degeneration of the disc confirmed by history and radiographic studies. These patients should be skeletally mature and have had at least six (6) months of non-operative treatment. In addition, these patients may have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s). The INDEPENDENCE® Spacer is to be filled with autogenous bone graft material, and is to be used with three titanium alloy screws, which accompany the implant.

**Performance Data:**

Mechanical testing (expulsion) was conducted to demonstrate substantial equivalence to the predicate device in accordance with the “Guidance for Industry and FDA Staff, Class II Special Controls Guidance Document: Intervertebral Body Fusion Device”, June 12, 2007.

**Basis for Substantial Equivalence:**

The INDEPENDENCE® Spacer has been found to be substantially equivalent to the predicate with respect to technical characteristics, performance, and intended use. The information provided within this premarket notification supports substantial equivalence to the predicate device.



## DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room -WO66-G609  
Silver Spring, MD 20993-0002

Globus Medical, Inc.  
% Ms. Meriam Youssef  
Project Manager, Regulatory Affairs  
2560 General Armistead Ave.  
Audobon, Pennsylvania 19403

MAR 27 2012

Re: K120101

Trade/Device Name: INDEPENDENCE Spacer  
Regulation Number: 21 CFR 888.3080  
Regulation Name: Intervertebral body fusion device  
Regulatory Class: Class II  
Product Code: OVD  
Dated: March 2, 2012  
Received: March 5, 2012

Dear Ms. Youssef:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

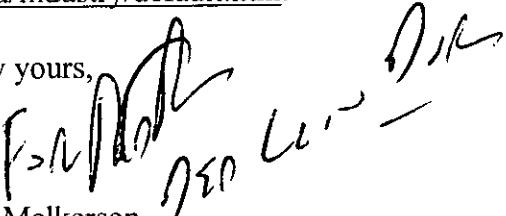
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

  
Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic  
and Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

K120101

## Indications for Use Statement

510(k) Number: K120101

Device Name: INDEPENDENCE® Spacer

### Indications:

The INDEPENDENCE® Spacer is a stand-alone interbody fusion device intended for use in patients with degenerative disc disease (DDD) at one or two contiguous levels of the lumbosacral spine (L2-S1). DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. These patients should be skeletally mature and have had at least six (6) months of non-operative treatment. In addition, these patients may have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s). The INDEPENDENCE® Spacer is to be filled with autogenous bone graft material and is to be used with three titanium alloy screws, which accompany the implant.

Prescription Use X OR Over-The-Counter Use \_\_\_\_\_  
(Per 21 CFR §801.109)

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number K120101

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